

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Att r n y D cket Number	11157-33/PMdC
		First Named Inv nt r	Chuang et al
COMPLETE IF KNOWN			
		Application Number	09/918,474
		Filing Date	August 1, 2001
		Art Unit	1621
		Examiner Name	Elvis O. Price

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Karl T. Chuang

Yung F. Chen

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 08-01-2001 as United States Application Number or PCT InternationalApplication Number 09/918,474 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number 1059 OR Correspondence address below

Name

Philip C. Mendes da Costa

Address

40 King Street

City Toronto	State ON	ZIP M5H 3Y2
------------------------	--------------------	-----------------------

Country Canada	Telephone 416-957-1695	Fax 416-361-1398
--------------------------	----------------------------------	----------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Karl T.	Family Name or Surname	Chuang
--	---------	----------------------------------	--------

Inventor's Signature <i>Karl Chuang</i>	Date <i>July 31, 2003</i>
---	-------------------------------------

Residence: City Edmonton	State AB	Country Canada	Citizenship Canada
------------------------------------	--------------------	--------------------------	------------------------------

Mailing Address
8742-117 Street

City Edmonton	State AB	Zip T6G 1R5	Country Canada
-------------------------	--------------------	-----------------------	--------------------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Yung F	Family Name or Surname	Chen
--	--------	----------------------------------	------

Inventor's Signature <i>X Yung - Fen Chen</i>	Date <i>July 5, 2003</i>
---	------------------------------------

Residence: City Taoyuan City	State Taiwan	Country China	Citizenship Taiwan
--	------------------------	-------------------------	------------------------------

Mailing Address
No. 57, Cheng 3 Street

City Taoyuan City	State Taiwan	Zip	Country China
-----------------------------	------------------------	------------	-------------------------

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.